LABORATORY PERSONNEL REPORT

Laboratory name		ID number			С	CLIA number										
Laboratory address (number, street)	City		Stat	е	ZI	ZIP code										
Contact person	l				Tele (phon	e nu	mbe	r							
							Ī	TES1	INC	IN	THE	E F	OLL	ow	INC	3:
											M			O R	H	С
			PC		м і			M U			R A L	S T	Y T			
			License o		C N	1 C	: H	N H	C Y	РΙ	P A	C O	O G			
	EMPLOYEE NAMES Last Name First Name			Testin Personi	g nel	Certificat Number	e l	R L	J E	E	HEM	T O	A T H	A T H	C O M P	E
		M.I.	Director													
certify that all of the individu	als listed above meet the	requirements	of California E	Business a	and P	rofessions			Sed	tior	12	206.	5.			
Signature of laboratory director								Date								

Laboratory name or ID number

INSTRUCTIONS: List all personnel (e.g., laboratory assistant, phlebotomist, etc.) who are engaged in collecting and preparing specimens but who are not responsible for test results as "testing personnel."

	YEE NAMES		HOURS					D			$\overline{}$		
Last Name	First Name	M.I.	From		То	M	T	w	TH	F	SA	SU	FUNCTION
				L							L		
												H	
												H	